2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061191

Entity Name: GILLAND CORPORATION

FILED Sep 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8260 SW 86TH STREET CT. 4410 W 16 AVENUE MIAMI, FL 33143 SUITE 62

HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

8260 SW 86TH STREET CT. 320 S. FLAMINGO RD

MIAMI, FL 33143 SUITE 339

PEMBROKE PINES, FL 33027

FEI Number: 20-0996324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIL, MIOSOTIS R PEREZ, SALVADOR N 8260 SW 86TH STREET CT. 14009 ŚW 155 TERRACE MIAMI, FL 33143 MIAMI, FL 33177

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SALVADOR N. PEREZ 09/06/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GIL, MIOSOTIS R PEREZ, SALVADOR N Name: Name: 8260 SW 86TH STREET CT. Address: 14009 SW 155 TE Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33143

() Delete Title: VD Title: VD

(X) Change () Addition VICIOSO, KATHERINE Name: BAUZA, MARTHA Name: 8260 SW 86TH STREET CT. Address: 320 S. FLAMINGO RD, #339 Address: MIAMI, FL 33143 PEMBROKE PINES, FL 33027 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVADOR N. PEREZ PD 09/06/2007